DSHS Community Mental Health and Substance Abuse Services
Resiliency and Disease Management
Fidelity Toolkit – July 2004
III.F Children's Mental Health Programs – Wraparound Planning for Children and Adolescents
With Serious Emotional Disturbances and Their Families

This manual is intended to be a guide for administering the Fidelity Scale for Wraparound Planning for Children and Adolescents with Serious Emotional Disturbances and their Families. This manual includes the following:

I.   **INTRODUCTION**

    A.   A description of Wraparound Planning for Children and Adolescents with Serious Emotional Disturbances and their Families

    B.   An overview of the Fidelity Scale for Wraparound Planning for Children and Adolescents with Serious Emotional Disturbances and their Families

II.   **PROTOCOL**

Discussions of each of the Fidelity Scale sections with descriptions and scoring guidance for the fidelity items under the separate sections:

    A.   **System Support for Wraparound Planning**
          1.   Credentials
          2.   Training
          3.   Supervision

    B.   **The Essential Values of Wraparound Planning**

       • Individualized Service and Support Plan
          4.   Wraparound Assessment
          5.   Individualized Service and Support Plan

       • Family Centered Process
          6.   Family Inclusion
          7.   Child and Family Access

       • Strength Based Plan
          8.   Identification of Strengths
          9.   Strength Based Strategies

       • Culturally Sensitive and Responsive Process
          10. Culturally Sensitive and Responsive Process

       • Team Developed and Supported Plan
          11. First Family Team Meeting
          12. Review of Individualized Service and Support Plan

13. Child-Serving Agencies and Organizations
14. Informal Supports

- Outcome Focused Process
  15. Life Domains
  16. Measurable Outcomes
  17. Discharge Readiness Criteria

- Needs Driven Process
  18. Needs Driven Process

- Flexible and Creative Process
  19. Flexible and Creative Process
  20. Availability of Flexible Resources

- Provision of Unconditional Care
  21. Provision of Unconditional Care

- Typical Life Experiences
  22. Typical Life Experiences

- Community Based Plan
  23. Community Based Services and Supports
  24. Community Based Crisis Plan

III.   REFERENCES

INTRODUCTION

Program Description

Wraparound Planning is a collaborative team-based process for service and support planning. Through Wraparound Planning, Family Teams develop and support individualized service and support plans to meet unmet needs and improve the lives of children and adolescents with serious emotional disturbances and their families. These children, adolescents and families generally have multiple complex unmet needs. The children and adolescents are usually at risk of placement out of their homes or communities for the purpose of mental health treatment or are returning to their homes or communities from such placements.

The Family Teams are comprised of a number of individuals collaborating with the children, adolescents and their families to maintain the children and adolescents in their homes or communities. The Family Teams include: 1) the children and adolescents, their families and informal supports, both individuals and organizations, selected by the children, adolescents and their families who are willing to assist in implementation of the service and support plan and who are willing to assist the children, adolescents and their families when agency involvement is at a minimum or is ended, 2) case managers who facilitate the Family Teams and 3) professionals from child-serving agencies and organizations that are currently involved in the lives of the children, adolescents and their families.

The Family Teams meet frequently to design, implement, monitor and evaluate the effectiveness of the service and support plans to meet the unmet needs of the children, adolescents and their families. The Family Teams adjust and alter service and support plans if they are not effectively meeting the unmet needs of the children, adolescents and their families.

There are essential values of Wraparound Planning that are the foundation for this process and must be present in Wraparound Planning for fidelity to the model to be present. These essential values are as follows:

- Individualized Service and Support Plan
- Family Centered Process
- Strength Based Plan
- Culturally Sensitive and Responsive Process

- Team Developed and Supported Plan
- Outcome Focused Process
- Needs Driven Process
- Flexible and Creative Process
- Provision of Unconditional Care

- Typical Life Experiences
- Community Based Plan

These essential values of Wraparound Planning will be defined as the Fidelity Scale is described by item.

An Overview of the Fidelity Scale for Wraparound Planning

The Fidelity Scale for Wraparound Planning for children and adolescents with serious emotional disturbances and their families is divided into two sections:
- System Support for Wraparound Planning
- The Essential Values of Wraparound Planning

Each of the two sections includes fidelity items as outlined under **Protocol**. During Fidelity Assessments, these fidelity items are scored for **each child record** randomly selected for the review. Individual scores are given for each fidelity item based on objective information sources as appropriate to the item. The reviewer will determine from the available information whether the fidelity item has been addressed and to what extent. Sound clinical judgment and the knowledge of wraparound planning must be used in these determinations.

Information sources include the following:
- Human Resources records
- Training records
- Supervision records

- Wraparound Assessment
- Individualized Service and Support Plan
- Progress notes

- Family interviews
- Family Team interviews
- Discharge Summary

Fidelity items are either scored "Yes" or "No" or on a scale of **1 – 5** with 5 being the highest possible score. "Yes" equals a 5 and indicates that the item has been met as described under **Protocol**. When a score of "No" (1) is given, it indicates there is insufficient information to support the item was addressed as described.

The scale of 1 – 5 is broken down as follows:
- 1 equals poor fidelity
- 2 equals fair fidelity
- 3 equals good fidelity (meets minimal expectations)
- 4 equals very good fidelity
- 5 equals excellent or optimal fidelity

To determine the fidelity score for a child record, all of the scores achieved on the fidelity items are added to obtain a total score for the record. For example, a child record receives a total score of 100. The highest total score possible is 120 (24 items X 5). Based on the score of 120, the scores for 1 – 5 are as follows:
- 1 = 59 or less (based on less than 50% of the total score of 120)
- 2 = 60 – 89 (based on 50% - 74% of the total score of 120)
- 3 = 90 – 101 (based on 75% - 84% of the total score of 120)
- 4 = 102 – 113 (based on 85% - 94% of the total score of 120)
- 5 = 114 – 120 (based on 95% - 100% of the total score of 120)

The child record that receives a score of 100 equals a 3 or good fidelity (meets minimal expectations). Additional scoring information is available on the Individual Fidelity Assessment Scoring Sheet (IFASS). The overall score for each child record reviewed is entered on the Summary Fidelity Assessment Scoring Sheet (SFASS) to determine an aggregate score for the Fidelity Assessment. The Summary Fidelity Assessment Scoring Sheet includes additional information on the aggregate score. This score is also based on the highest total score possible with the percentages above applied to determine a score of 1 – 5.

Fidelity scores are expected to be at least "3" for Wraparound Planning in the beginning of implementation. It is expected that fidelity scores will improve as case managers gain experience with implementation of the model.

During a fidelity review, child records that have been selected randomly are reviewed using the scoring sheet included below. Whenever possible, selected child records should be records for children, adolescents and families who have completed the wraparound planning process. If there are insufficient child records for children, adolescents and families who have completed the wraparound planning process, child records for children, adolescents and families who have not completed the wraparound planning process will be used.

In such cases, the Individual Fidelity Assessment Scoring Sheet is scored based on the available information and based on how far the wraparound planning process has progressed. If the wraparound planning process has not progressed to the point where certain items can be scored, these items will be coded N/A. Sound clinical judgment and knowledge of wraparound planning must be used to make determinations.

The fidelity assessment may be initiated internally for self-assessment and quality improvement purposes. The assessment may be initiated externally for quality improvement and accountability purposes. Either a single reviewer or a team of reviewers may be used to complete the fidelity assessments. Ideally, case managers and supervisors of Wraparound Planning should conduct internal assessments as a team. The inclusion of family members/caregivers and children/adolescents who have been members of Family Teams will strengthen the process. Quality management staff may be involved in coordinating the assessment and may serve as members of the review team.

Child and adolescent program staff, other department experts and experts from other resiliency sites can conduct external reviews. External experts not associated with the department may be invited to conduct the external assessments.

Whether the fidelity assessments are completed internally or externally, individuals who have an in-depth knowledge of the model and the purpose of the reviews should complete the reviews. These reviewers should have the ability to be objective when presented with the data necessary to make a decision. They should also have the ability to apply sound clinical judgment during the reviews. The results of the reviews should be provided to and discussed with the providers of the model. Providers should develop Plans of Improvement that contain improvement strategies based on the results of the reviews.

Two different scoring sheets are used when completing the Fidelity Assessment. They are as follows:

- **The Individual Fidelity Assessment Scoring Sheet (IFASS)** is completed for each child record reviewed during the Fidelity Assessment. The IFASS provides the score for each item on the Fidelity Scale and an overall score for the record. It also provides written information regarding the sources of information used to score each item and additional information regarding the content of the child record. The information included on the Individual Fidelity Assessment Scoring Sheet can be used for improvement by each case manager who facilitates Wraparound Planning.

- **The Summary Fidelity Assessment Scoring Sheet (SFASS)** is a summary sheet that includes the scores for all the individual child records reviewed during the Fidelity Assessment. The SFASS includes the aggregate data for all children's records that are reviewed. These aggregate data are converted to an overall fidelity score for the review. The aggregate data and the fidelity score give an overall picture of site fidelity and can be useful for the site in addressing areas for improvement and targeted training. These data can be useful in comparison of aggregate data across multiple sites.

PROTOCOL

The Fidelity Scale for Wraparound Planning is completed for each individual child record reviewed during the Fidelity Assessment. Scores must be determined for the individual records before an aggregate score can be determined for the overall Fidelity Assessment.

System Support for Wraparound Planning

Rationale for Items 1 (Credentials), 2 (Training) and 3 (Supervision):

Effective implementation of wraparound planning for children and adolescents with serious emotional disturbances and their families requires system support to ensure facilitators of wraparound planning have the required qualifications and training. Only qualified mental health professionals – community services (QMHP - CS) with the required education and training should facilitate wraparound planning. These facilitators need an extensive knowledge of community resources, including how to use informal supports. In addition, training in the department-approved wraparound planning model is critical. One model of wraparound planning has been selected for implementation. Education and training are essential to the fidelity of the model.

Another area essential to achieving fidelity is supervision of the facilitators of the selected model. Supervision of wraparound planning facilitators needs to be provided by a QMHP - CS who has been trained in and who has provided wraparound planning according to the department-approved model. The supervisors of wraparound planning also need an extensive knowledge of community resources, including how to use informal supports. Because of the multiple needs and complexities of the majority of children, adolescents and families who need wraparound planning, it may be prudent to have a Licensed Practitioner of the Healing Arts (LPHA) who has been trained in and who has provided wraparound planning according to the department-approved model participate in the supervision.

Scoring of Items 1 through 3 and Sources of Information

Item 1:   Credentials

All case managers who facilitate wraparound planning are Qualified Mental Health Professionals – Community Services (QMHP – CS).

Item 1 may be answered yes or no. The reviewer may answer yes if:
- Human Resource records indicate that the case manager who facilitates wraparound planning is a Qualified Mental Health Professional – Community Services (QMHP - CS).
- Otherwise, the answer is no.

Item 2:   Training

All case managers who facilitate wraparound planning and all Qualified Mental Health Professionals who supervise these case managers are trained in the department-approved model for wraparound planning. Training in the selected wraparound planning model must be completed before case managers can facilitate wraparound planning and before supervisors can provide supervision for case managers.

Item 2 may be answered yes or no. The reviewer may answer yes if:
- Training records indicate the case managers who facilitate wraparound planning and the supervisors of wraparound planning are trained in the department-approved wraparound planning model prior to facilitation or supervision of wraparound planning. Training records must indicate that the case managers and supervisors participated in **all** of the training on the selected model, the name of the trainer, the dates of training and **a statement that the center considers the case manager or supervisor competent** to facilitate or supervise wraparound planning.
- Otherwise, the answer is no.

Item 3:   Supervision

All case managers who facilitate wraparound planning are supervised by a QMHP –CS trained in the department-approved wraparound planning model at least every other week. Supervisors of wraparound planning must also have experience in facilitation of wraparound planning for children and adolescents and their families using the department-approved model. Supervision may be provided either individually or in a group.

Item 3 is scored 1 – 5 based on human resource documents or supervision records.

The reviewer may give a score of 5 if:
- Human resource records or supervision records indicate the case managers who facilitate wraparound planning are supervised every week by a Licensed Practitioner of the Healing Arts trained in wraparound planning who has facilitated wraparound planning for children and adolescents and their families using the department-approved model.

The reviewer may give a score of 4 if:
- Human resource records or supervision records indicate the case managers who facilitate wraparound planning are supervised every week by a Qualified Mental Health Professional – Community Services trained in wraparound planning who has facilitated wraparound planning for children and adolescents and their families using the department-approved model.

The reviewer may give a score of 3 if:
- Human resource records or supervision records indicate the case managers who facilitate wraparound planning are supervised at least every other week by a Qualified Mental Health Professional – Community Services trained in wraparound planning who has facilitated wraparound planning for children and adolescents and their families using the department-approved model.

The reviewer may give a score of 2 if:
- Human resource records or supervision records indicate the case managers who facilitate wraparound planning are supervised at least every three weeks by a Qualified Mental Health Professional – Community Services trained in wraparound planning who has facilitated wraparound planning for children and adolescents and their families using the department-approved model.

The reviewer may give a score of 1 if:
- Human resource records or supervision records indicate the case managers who facilitate wraparound planning are supervised less than every three weeks by a Qualified Mental Health Professional – Community Services trained in wraparound planning who has facilitated wraparound planning for children and adolescents and their families using the department-approved model.

The Essential Values of Wraparound Planning

Rationale and Scoring for Items 4 through 24 and Sources of Information

The essential values of wraparound planning are the foundation for the process and must be present to ensure fidelity to the model. Each of the values will be defined and explained in this section. Specific fidelity items relate to specific values.

Individualized Service and Support Plan

Every child and adolescent is unique as is every family. Wraparound planning tailors the service and support plan to the uniqueness of every child, adolescent and family. The most effective solutions are tailored to the strengths, values, culture and preferences of the individuals involved. The solutions are also designed to address the specific unmet needs of the child, adolescent and family. Because wraparound planning is individualized, **no two individualized service and support plans are the same**.

A wraparound assessment is completed with every child, adolescent and family prior to the development of the individualized service and support plan. The case manager generally meets with the child or adolescent and the family prior to the first Family Team meeting to complete the wraparound assessment. This assessment includes detailed information on the strengths, values, culture and preferences of the child, adolescent and family. The specific unmet needs of the child or adolescent and family are documented as part of this assessment. The specific unmet needs of the child, adolescent and the family are defined within Life Domains as applicable to the child or adolescent.

Item 4:   Wraparound Assessment

The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family. For purposes of scoring, the case manager must document all of the specified areas in the wraparound assessment for the child or adolescent and the family members involved in the wraparound planning process.

Item 4 is scored 1 – 5 based on the information provided by the case manager.

The reviewer may give a score of 5 if:
- The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family in less than 50% of cases.

Item 5:   Individualized Service and Support Plan

The individualized service and support plan for each child or adolescent is unique and is built on the unique strengths, values, culture, preferences and unmet needs identified by the child or adolescent and the family and included in the wraparound assessment. Because wraparound planning is individualized, **no two individualized service and support plans are the same**.

While two children may have the same unmet needs, it is expected that the strength based strategies would differ. Measurable outcomes may also differ. Informal supports used for one child would not be the same as the informal supports used for another child. Children have different interests and abilities. Children find different approaches motivating. Wraparound planning incorporates these personal differences into individualized service and support plans.

For purposes of scoring, the case manager's documentation must indicate that individualized service and support plans are different for each child and adolescent. Item 5 is scored yes or no. The reviewer may answer this item yes if:

- The individualized service and support plan for each child and adolescent is different from every other individualized service and support plan **(No two individualized service and support plans are the same.)**.
- Otherwise, the answer is no.

Family Centered Process

The child, adolescent and family are included as full, active partners in every aspect of wraparound planning. Families are regarded as experts on the unmet needs of their children and adolescents and on their own unmet needs. Family Teams help the child, adolescent and family meet their specified unmet needs. This fosters family ownership of the individualized service and support plan. This ownership is critical to the success of the plan. The family's input is included in all aspects of wraparound planning fostering their feeling of ownership.

The Family Team ensures that the child, adolescent and the family can access the formal services and supports and the informal supports included in the individualized service and support plan. The Family Team also ensures that all team members can attend the team meetings. The Family Team usually meets in the home of the family unless the family requests to meet elsewhere. This may mean the provision of transportation and childcare. This may mean changing hours, locations and days for the convenience of the family. This means doing whatever it takes to ensure provision of services and supports and to ensure attendance at Family Team meetings.

Item 6:   Family Inclusion

The family is included in every Family Team meeting. Information about each family is discussed with the family, including issues related to child safety and the juvenile justice system. Family members often say, "Nothing about us without us." When information is shared openly, the Family Team has the opportunity to address the issues through adjusting strategies and identifying additional unmet needs to be addressed in the individualized service and support plan. The case manager may want to discuss sensitive issues with the family prior to the Family Team meeting so the family is not blindsided and so the case manager and family can brainstorm possible solutions to present to the team.

Item 6 is scored yes or no. The reviewer may score this item yes if:
- Progress notes, family or Family Team interviews or surveys indicate that the family is included in every Family Team meeting.
- Otherwise, the answer is no.

Item 7:   Child and Family Access

Item 7 is scored 1 – 5.

The reviewer may give a score of 5 if:
- Progress notes, family or Family Team interviews or surveys indicate that any barriers (time of day, the day, location, transportation, childcare, meals, etc.) to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- Progress notes, family or Family Team interviews or surveys indicate that any barriers (time of day, the day, location, transportation, childcare, meals, etc.) to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- Progress notes, family or Family Team interviews or surveys indicate that any barriers (time of day, the day, location, transportation, childcare, meals, etc.) to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 75% - 84% of cases.

The reviewer may give a score of 2 if:

- Progress notes, family or Family Team interviews or surveys indicate that any barriers (time of day, the day, location, transportation, childcare, meals, etc.) to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 50% - 74% of cases.

The reviewer may give a score of 1 if:

- Progress notes, family or Family Team interviews or surveys indicate that any barriers (time of day, the day, location, transportation, childcare, meals, etc.) to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in less than 50% of cases.

Strength Based Plan

Only knowing the deficits, problems and difficulties of a child, adolescent and family provides an unbalanced picture of the individuals and their situation. To have a balanced picture of these individuals, their strengths must also be known. The way they have approached difficulties and resolved them in the past is key. Individuals do not make it through difficult times because of their deficits and problems. They make it through difficult times because of their strengths, resourcefulness and positive assets. Most people make it through difficult times because of their family, faith and friends - their support system.

This makes the wraparound assessment crucial to the success of wraparound planning. As noted previously, this assessment documents in detail the strengths, values, culture and preferences of the child or adolescent and the family. These identified characteristics of the child or adolescent and the family support the development of the individualized service and support plan. The strengths of the child or adolescent and the family members involved in wraparound planning provide the basis for the strategies selected to assist the child or adolescent and the family in meeting their unmet needs.

The following are some examples of using strengths as the basis for strategies to meet unmet needs and measurable outcomes for each of the strategies:

Unmet Needs:	Felix needs to comply with conditions of probation (legal mandate): 1) to attend school as required 2) to comply with curfew 3) to complete community service. Life Domain: Legal/3 unmet needs.
Strength Based Strategy:	Jason, who has completed probation successfully, will mentor Felix until he completes probation (compliance with curfew and completion of community service). Depending on the school situation, there may be separate strength based strategies to address this unmet need.
Measurable Outcome:	Felix completes probation.
Unmet Need:	Juanita needs to remember what medications to take, when and how. Life Domain: Health/1 unmet need
Strength Based Strategy:	Aunt Sarah, who has the same diagnosis and who is stable on the same medications Juanita takes, will teach Juanita what she needs to know to take her medications as prescribed.
Measurable Outcome:	Juanita takes her medications as prescribed
Unmet Need:	Thomas needs to know how to make and keep friends.
Strength Based Strategies:	1) Thomas will attend social skills training at the local mental health center and learn how to make and keep friends. 2) After learning how to make and keep friends, Thomas will join the Boy Scouts as a way to socialize and make friends.
Measurable Outcome:	Thomas has at least 1 friend.

Item 8:   Identification of Strengths

Strengths get us through the difficult times in our lives. The case manager is responsible for documentation of the strengths of the child or adolescent and the family members involved in wraparound planning in the wraparound assessment.

Item 8 is scored 1 – 5 based on the documentation of the case manager.

The reviewer may give a score of 5 if:
- The wraparound assessment includes 8 strengths for each child or adolescent and 3 strengths for each family member involved in wraparound planning living in the household in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The wraparound assessment includes 8 strengths for each child or adolescent and 3 strengths for each family member involved in wraparound planning living in the household in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The wraparound assessment includes 8 strengths for each child or adolescent and 3 strengths for each family member involved in wraparound planning living in the household in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The wraparound assessment includes 8 strengths for each child or adolescent and 3 strengths for each family member involved in wraparound planning living in the household in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The wraparound assessment includes 8 strengths for each child or adolescent and 3 strengths for each family member involved in wraparound planning living in the household less than 50% of the time.

Item 9:   Strength Based Strategies

The case manager documents the strengths of the child or adolescent and the family members participating in wraparound planning in the wraparound assessment prior to the first Family Team meeting. For scoring purposes, the case manager's documentation must indicate that the individualized service and support plans include only strength-based strategies.

Item 9 is scored 1 – 5 based on the information provided by the case manager.

The reviewer may give a score of 5 if:
- The individualized service and support plan contains only strength-based strategies for each child or adolescent in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The individualized service and support plan contains only strength-based strategies for each child or adolescent in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The individualized service and support plan contains only strength-based strategies for each child or adolescent in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The individualized service and support plan contains only strength-based strategies for each child or adolescent in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The individualized service and support plan contains only strength-based strategies for each child or adolescent in less than 50% of cases.

Culturally Sensitive and Responsive Process

In wraparound planning, each child, adolescent and family is considered to have a unique culture that should be taken into account. Culture is a cornerstone for most ethnic groups. It provides a set of strengths and assets on which to build individualized service and support plans. Culture is an integrated set of knowledge, values and behaviors that is passed on from one generation to another. Culture includes customs that provide guidance about human interactions, goals, a sense of history and all aspects of communication. Culture includes our heroes and villains, storytelling, our heritage, celebrations and mourning rituals. Many individuals hold firmly to their culture.

However, no two families have exactly the same culture. Culture can change over time as individuals are assimilated into other cultures. Within a given ethnic group, families may have differences in culture because of their life experiences, and some individuals may no longer hold firmly to the culture that is their heritage. It is critical to understand the cultural background of a family, the current culture of the community in which the family lives and most importantly, the culture of the individual family. Culture affects how individuals view mental health treatment, what interventions are acceptable and where and how interventions are conducted, the role of professionals and the kind of informal supports to include in the plan. The case manager is responsible for documentation that describes the culture of each individual family and for ensuring the family's culture is reflected in the individualized service and support plan.

Item 10:   Culturally Sensitive and Responsive Process

Item 10 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that the culture of each individual family, as documented in the wraparound assessment, is addressed in planning for and provision of services and supports in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that the culture of each individual family, as documented in the wraparound assessment, is addressed in planning for and provision of services and supports in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that the culture of each individual family, as documented in the wraparound assessment, is addressed in planning for and provision of services and supports in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that the culture of each individual family, as documented in the wraparound assessment, is addressed in planning for and provision of services and supports in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that the culture of each individual family, as documented in the wraparound assessment, is addressed in planning for and provision of services and supports in less than 50% of cases.

Team Developed and Supported Plan

Through wraparound planning, the Family Teams develop and support the individualized service and support plans to meet unmet needs and improve the lives of children and adolescents with serious emotional disturbances and their families. Family Teams meet frequently to design, implement, monitor and evaluate the effectiveness of the individualized service and support plans. Family Teams adjust and alter individualized service and support plans if they are not effectively meeting the unmet needs of the children, adolescents and their families.

The Family Teams are comprised of a number of individuals collaborating with the children, adolescents and their families to maintain their children and adolescents in their homes or communities. Family Teams include: 1) the children and adolescents, their families and informal supports, both individuals and organizations, selected by the children, adolescents and their families who are willing to assist in implementation of the individualized service and support plans when agency involvement is at a minimum or is ended, 2) case managers who facilitate the Family Teams and 3) professionals from child-serving agencies and organizations that are currently involved in the lives of the children, adolescents and their families.

Family Teams are dynamic and change as the child or adolescent and the family identify additional needs and as the need for additional team members is identified. Family Teams may include friends, neighbors, service providers, other family members, volunteers, probation officers, individuals from the spiritual community, protective services workers, and others who care about and are involved with the child or adolescent and the family. Individuals and agencies that can impact the outcome of wraparound planning because of legal mandates should always be included as team members.

Family Teams should use a consensus process to reach decisions. Consensus means, "I can live with and support this decision." Using a consensus process for decision-making can strengthen the Family Teams. Team members feel valued for their input and valued as team members.

Informal supports, both individuals and organizations, are critical to the success of wraparound planning because they provide ongoing support for the child or adolescent and the family when agency involvement is at a minimum or is ended. The child or adolescent and the family will have ongoing unmet needs that will be met by informal supports. If sufficient informal supports are not in place to meet these unmet needs, wraparound planning will not be successful. One major goal of wraparound planning is to teach the family the role informal supports play in the lives of all families and how to maintain sufficient informal supports to meet the unmet needs of the family.

Item 11:   First Family Team Meeting

The facilitator meets with the child or adolescent and the family prior to the first Family Team meeting to complete the wraparound assessment and identifies the following:
- The unique strengths, values, culture and preferences of the child or adolescent and the family members participating in wraparound planning
- The unmet needs of the child or adolescent and the family
- The informal supports, both individuals and organizations, the child or adolescent and the family select to participate on the Family Team
- The child-serving agencies and organizations to participate on the Family Team
- Current safety needs and short-term protections, if needed
- Additional information to facilitate the first Family Team meeting.

This information, gathered by the case manager, provides the Family Team members with sufficient information to complete the outlined items at the first Family Team meeting.

At the first Family Team meeting, all team members should be present including the informal supports, both individuals and organizations, selected by the child or adolescent and the family. Additional team members may be added as wraparound planning progresses and the need for additional team members is identified. At the first Family Team meeting the following outlined criteria are completed:

1) Identification of life domains in which unmet needs exist
2) Identification of measurable outcomes for each unmet need
3) Identification of strength-based strategies to meet each unmet need
4) Identification of discharge readiness criteria
5) Development of a crisis plan
6) Development of safety and transition plans, if needed
7) Evaluation of the meeting, and
8) Planning for the next Family Team meeting.

The case manager is responsible for documentation of completed items from the first Family Team meeting and subsequent meetings.

Item 11 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that in 95% - 100% of cases that the eight criteria listed above are completed at the first Family Team meeting.

The reviewer may give a score of 4 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that in 85% - 94% of cases that the eight criteria listed above are completed at the first Family Team meeting.

The reviewer may give a score of 3 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that in 75% - 84% of cases that the eight criteria listed above are completed at the first Family Team meeting.

The reviewer may give a score of 2 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that in 50% - 74% of cases that the eight criteria listed above are completed at the first Family Team meeting.

The reviewer may give a score of 1 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that in less than 50% of cases that the eight criteria listed above are completed at the first Family Team meeting.

Item 12:   Review of Individualized Service and Support Plan

Item 12 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The individualized service and support plans, progress notes, family or Family Team interviews or surveys indicate that the individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that the individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The individualized service and support plans, progress notes, family or Family Team interviews or surveys indicate that the individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The individualized service and support plans, progress notes, family or Family Team interviews or surveys indicate that the individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The individualized service and support plans, progress notes, family or Family Team interviews or surveys indicate that the individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in less than 50% of cases.

Item 13:   Child-Serving Agencies and Organizations

Item 13 is scored 1 – 5.

The reviewer may give a score of 5 if:
- Progress notes, family or Family Team interviews or surveys indicate that child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- Progress notes, family or Family Team interviews or surveys indicate that child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- Progress notes, family or Family Team interviews or surveys indicate that child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- Progress notes, family or Family Team interviews or surveys indicate that child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- Progress notes, family or Family Team interviews or surveys indicate that child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in less than 50% of cases.

Item 14:   Informal Supports

Most of us rely on positive informal supports such as family, friends, faith and internal resources in times of difficulty, not on professional services. The importance of informal support systems to the children, adolescents and the families involved in wraparound planning cannot be over-emphasized because the informal supports will be in place when the professionals are gone.

Item 14 is scored 1 – 5.

The reviewer may give a score of 5 if:
- Progress notes, family or Family Team interviews or surveys indicate that informal supports, both individuals and organizations, selected by the child or adolescent and the family to assist in plan development and implementation are decision-making members of the Family Team in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- Progress notes, family or Family Team interviews or surveys indicate that informal supports, both individuals and organizations, selected by the child or adolescent and the family to assist in plan development and implementation are decision-making members of the Family Team in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- Progress notes, family or Family Team interviews or surveys indicate that informal supports, both individuals and organizations, selected by the child or adolescent and the family to assist in plan development and implementation are decision-making members of the Family Team in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- Progress notes, family or Family Team interviews or surveys indicate that informal supports, both individuals and organizations, selected by the child or adolescent and the family to assist in plan development and implementation are decision-making members of the Family Team in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- Progress notes, family or Family Team interviews or surveys indicate that informal supports, both individuals and organizations, selected by the child or adolescent and the family to assist in plan development and implementation are decision-making members of the Family Team in less than 50% of cases.

Outcome Focused Process

Measurable outcomes are identified for each Life Domain included in the individualized service and support plan. These desired outcomes are identified at the first Family Team meeting. The Family Team monitors the progress toward achieving these outcomes throughout the wraparound planning process. The child or adolescent and the family select outcomes and prioritize the outcomes they want addressed initially. The Family Team ensures the prioritized outcomes are addressed and ensures outcomes that have legal mandates are also addressed. Establishing measurable outcomes ensures accountability across systems throughout the process. See Strength Based Plan above.

Life Domains are the areas of life in which individuals have needs. These needs may be met or unmet. Most people experience unmet needs in some of these areas at various times in their lives. The children, adolescents and their families who are involved in wraparound planning generally have multiple unmet needs across several Life Domains. The Life Domains are as follows:

- Safety
- Culture
- Health
- Legal
- Family
- Housing

- Emotional/psychological
- Social
- Permanent relationships
- Spirituality
- Education
- Employment

- Behavior
- Accountability
- Public Safety
- Competency development
- Restitution
- Finances

- Immigration/citizenship status
- Language/communication
- Transportation
- Crisis

Family Teams may use additional Life Domains as applicable to the children, adolescents and their families.

Item 15:   Life Domains

The child or adolescent and the family select and prioritize the Life Domains to be targeted first. These Life Domains should be areas in which the child or adolescent has the greatest unmet needs. Life Domains with legal mandates are also addressed initially. The case manager is responsible for documentation of the Life Domains in the individualized service and support plan.

Item 15 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The individualized service and support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to the crisis and safety plans, in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The individualized service and support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to the crisis and safety plans, in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The individualized service and support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to the crisis and safety plans, in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The individualized service and support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to the crisis and safety plans, in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The individualized service and support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to the crisis and safety plans, in less than 50% of cases.

Item 16:   Measurable Outcomes

Each Life Domain (need area) addressed in the plan has measurable outcomes selected by the child or adolescent and the family and for legal mandates. The case manager is responsible for the documentation of measurable outcomes in the individualized service and support plan. See Strength Based Plan above.

Item 16 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The individualized service and support plan includes measurable outcomes selected by the child or adolescent and the family for each Life Domain and for each legal mandate in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The individualized service and support plan includes measurable outcomes selected by the child or adolescent and the family for each Life Domain and for each legal mandate in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The individualized service and support plan includes measurable outcomes selected by the child or adolescent and the family for each Life Domain and for each legal mandate in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The individualized service and support plan includes measurable outcomes selected by the child or adolescent and the family for each Life Domain and for each legal mandate in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The individualized service and support plan includes measurable outcomes selected by the child or adolescent and the family for each Life Domain and for each legal mandate in less than 50% of cases.

Item 17:   Discharge Readiness Criteria

Discharge readiness criteria should be clearly outlined in the individualized service and support plan from the beginning of treatment. With discharge readiness criteria outlined initially, the child or adolescent and the family have a clear picture of where they are going. The information used to support discharge readiness should be objective and verifiable.

Item 17 is scored 1 – 5.

The reviewer may give a score of 5 if:
- Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in less than 50% of cases.

Needs Driven Process

Life Domains are the areas of life in which individuals have needs. These needs may be met or unmet. Most people experience unmet needs in some of these areas at various times in their lives. The children, adolescents and their families who are involved in wraparound planning generally have multiple unmet needs across several Life Domains. These unmet needs drive the wraparound planning process.

Most people are comfortable talking about their unmet needs. Having unmet needs is acceptable in our society while talking about diagnoses, symptoms and psychiatric treatment carries a stigma that makes people uncomfortable. In wraparound planning, unmet needs do not equal professional services and supports. When unmet needs are automatically turned into professional services and supports, flexibility in planning becomes limited very quickly. Unmet needs may be met in many different ways, including through informal supports, both through individuals and organizations.

Examples of **how unmet needs are expressed** in wraparound planning are as follows:

- Joshua needs to make and keep friends.
- Sarah needs to express her anger in socially acceptable ways.
- Maria needs to refrain from using illegal drugs and alcohol.
- Burt needs to complete community service as ordered by the court.
- Marco needs to attend school regularly.
- Isabella needs a consistent psychiatrist to care for her.
- Stephen needs to feel safe at school.

The individualized service and support plan is based on the unmet needs of the child, adolescent and the family. The case manager is responsible for documentation of the unmet needs of the child or adolescent and the family in the wraparound assessment and in the individualized service and support plan under the selected Life Domains.

Item 18:   Needs Driven Process

 Item 18 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The wraparound assessment, individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that 5 unmet needs of the child or adolescent and 2 unmet needs of the family members involved in wraparound planning are identified in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The wraparound assessment, individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that 5 unmet needs of the child or adolescent and 2 unmet needs of the family members involved in wraparound planning are identified in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The wraparound assessment, individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that 5 unmet needs of the child or adolescent and 2 unmet needs of the family members involved in wraparound planning are identified in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The wraparound assessment, individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that 5 unmet needs of the child or adolescent and 2 unmet needs of the family members involved in wraparound planning are identified in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The wraparound assessment, individualized service and support plan, progress notes, family or Family Team interviews or surveys indicate that 5 unmet needs of the child or adolescent and 2 unmet needs of the family members involved in wraparound planning are identified in less than 50% of cases.

Flexible and Creative Process

In wraparound planning, the child or adolescent and the family are not expected to conform to programs and services that may not fit for them. Rather existing programs and services are modified to meet the unmet needs of the child or adolescent and the family. If this cannot be accomplished, alternative ways are found to meet the unmet needs. Unique supports and resources can be developed that fit for a child or adolescent and the family and that meet their unmet needs in the most effective way.

These unique supports and resources require flexibility and creativity in their development and use. They may include informal supports, both individuals and organizations, to meet unmet needs. The family may be most accepting of this approach, and it may be the most effective for the family. There may or may not be cost attached to the use of informal supports. Many informal supports can be provided without cost. Informal supports have proven effective in wraparound planning over many years with many different populations. The Family Team needs to have available flexible funds when there are costs associated with the use of informal supports.

Wraparound planning was first used successfully with children and adolescents with serious emotional disturbances and their families to return many children and adolescents, who had been placed out of their home states for multiple years to receive mental health treatment, to their homes and communities. Most of the professionals involved believed these children and adolescents could not be served in their homes and communities. Wraparound planning offered an alternative way to view these children, adolescents and their families and an alternative way to meet their unmet needs.

The case manager is responsible for documentation of the use of informal supports, both individuals and organizations, throughout the wraparound planning process.

Item 19:   Flexible and Creative Process

Item 19 is scored 1 – 5.

The reviewer may give a score of 5 if:
- A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in less than 50% of cases.

Item 20:   Availability of Flexible Resources

Wraparound planning includes flexible resources earmarked for a number of uses. Usually flexible resources include an amount of money set aside for unexpected expenses, for supports for which no other funding stream exists and to ensure that plans are individualized and built on the strengths and unmet needs of the child or adolescent and the family.

Flexible resources can be the result of child-serving agencies and organizations pooling dollars to serve children, adolescents and their families in more flexible ways. Communities may want to seek grants, solicit contributions and raise funds to establish a pool of flexible dollars. These dollars should be used wisely after other sources of funds have been exhausted.

The case manager is responsible for documentation of the use of flexible funds.

Item 20 is scored yes or no.

The reviewer may answer yes if:
- The individualized service and support plans, progress notes, family or Family Team interviews or surveys indicate that the Family Teams use flexible funds to augment the individualized service and support plans.
- Otherwise, the answer is no.

Provision of Unconditional Care

Wraparound planning includes an unconditional commitment to serve children and adolescents with serious emotional disturbances and their families. An unconditional commitment means continuing to find solutions even when the situation becomes extremely difficult. It also means that children, adolescents and their families are not discharged or terminated because of the severity and complexity of the problems exhibited by the children or adolescents or because of the difficulties of the families.

In wraparound planning, Family Teams continue to monitor the plan to ensure the necessary elements are accurate and important to the family. The plan may need to be adjusted numerous times. Perhaps additional strengths need to be identified. Perhaps needs should be more clearly stated. Perhaps the outcomes do not provide the needed motivation for the children or adolescents. Perhaps the composition of the Family Team needs to be changed. Perhaps the strategies need to be more specific. Families are not kicked out of the process. Plans are changed.

The case manager is responsible for documentation that the care provided is unconditional.

Item 21:   Provision of Unconditional Care

Item 21 is scored yes or no.

The reviewer may answer yes if:
- The individualized service and support plans, progress notes, family or Family Team interviews or surveys indicate that no child, adolescent or family is discharged or terminated from wraparound planning because of the severity and complexity of the child's, adolescent's or family's problems.
- Otherwise, the answer is no.

Typical Life Experiences

Typical life experiences add stability to the lives of people and make them feel connected to others. The children, adolescents and families involved in wraparound planning need to have typical life experiences even though they are going through hard times. They should not be treated as if they are different from others. They should be experiencing the typical things that others their age and gender experience within their culture and in their community. Standards should not be higher just because children, adolescents and their families are part of the local systems of care. The result of wraparound planning should be a plan that feels so comfortable for the child or adolescent and the family that they claim them as their own.

The case manager is responsible for documentation that indicates children, adolescents and their families are involved in typical life experiences.

Item 22:   Typical Life Experiences

Item 22 is scored 1 – 5.

The reviewer may give a score of 5 if:
- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that the child or adolescent and the family are involved in typical life experiences (bike riding, going to the park, going to the mall, getting an allowance, dating, seeing a movie, flying a kite, reading a book, going out with friends and spending time with family members, etc.) in 95% - 100% of cases.

The reviewer may give a score of 4 if:
- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that the child or adolescent and the family are involved in typical life experiences (bike riding, going to the park, going to the mall, getting an allowance, dating, seeing a movie, flying a kite, reading a book, going out with friends and spending time with family members, etc.) in 85% - 94% of cases.

The reviewer may give a score of 3 if:

- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that the child or adolescent and the family are involved in typical life experiences (bike riding, going to the park, going to the mall, getting an allowance, dating, seeing a movie, flying a kite, reading a book, going out with friends and spending time with family members, etc.) in 75% - 84% of cases.

The reviewer may give a score of 2 if:

- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that the child or adolescent and the family are involved in typical life experiences (bike riding, going to the park, going to the mall, getting an allowance, dating, seeing a movie, flying a kite, reading a book, going out with friends and spending time with family members, etc.) in 50% - 74% of cases.

The reviewer may give a score of 1 if:

- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that the child or adolescent and the family are involved in typical life experiences (bike riding, going to the park, going to the mall, getting an allowance, dating, seeing a movie, flying a kite, reading a book, going out with friends and spending time with family members, etc.) in less than 50% of cases.

Community Based Plan

The individualized service and support plan contains services and supports that are available in the community and that are accessible to the child or adolescent and the family. The plan contains a balance of formal services and supports and informal supports. The plan is built on the strengths, unmet needs, values, culture and preferences of the child or adolescent and the family.

Because these children and adolescents are at high risk of placement for mental health treatment or are returning from such placements, crisis plans are developed at the first meeting of the Family Teams. Crisis plans are in place with all team members knowing the roles they will play when crises arise. This approach to crises helps prevent crises and ensures crises are addressed immediately. If the children or adolescents have safety or transition issues, safety and transition plans are also developed at the first meeting of the Family Teams. When safety plans are needed, the safety of the children, adolescents and all other family members must be addressed to the satisfaction of all team members.

Wraparound planning is designed to maintain children and adolescents in their homes or communities and to ensure they still get their unmet needs met. Wraparound planning supports the development of closer ties to informal resources. These relationships provide children, adolescents and their families with the ongoing support everyone needs. This support sustains individuals and allows them to be productive members of their communities.

Item 23:   Community Based Services and Supports

The case manager is responsible for documentation that indicates formal services and supports and informal supports are provided in the community.

Item 23 is scored 1 – 5.

The reviewer may give a score of 5 if:

- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that formal services and supports and informal supports are provided in the community in 95% - 100% of cases.

The reviewer may give a score of 4 if:

- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that formal services and supports and informal supports are provided in the community in 85% - 94% of cases.

The reviewer may give a score of 3 if:
- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that formal services and supports and informal supports are provided in the community in 75% - 84% of cases.

The reviewer may give a score of 2 if:
- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that formal services and supports and informal supports are provided in the community in 50% - 74% of cases.

The reviewer may give a score of 1 if:
- The individualized service and support plan, progress notes, the family or Family Team interviews or surveys indicate that formal services and supports and informal supports are provided in the community in less than 50% of cases.

Item 24: Community Based Crisis Plan

The case manager is responsible for documentation that indicates that the crisis plan is based in the community where the child or adolescent and the family live.

Item 24 is scored yes or no.

The reviewer may answer yes if:
- The individualized service and support plans, progress notes, the family or Family Team interviews or surveys indicate that the crisis plan is based in the community where the child or adolescent and the family live.
- Otherwise, the answer is no.

<u>REFERENCES</u>

Selected Model:

- Mary Grealish. <u>The Wraparound Process Curriculum, Orientation Part 1: Values and Principles in Action</u>, Community Partners Inc., 2000.
- Mary Grealish. <u>The Wraparound Process Curriculum, Orientation Part 2: How It Works</u>, Community Partners Inc., 2000.
- Mary Grealish. <u>The Wraparound Process Curriculum, Wraparound Workbook 1: Learning Activities for Practitioners and Participants</u>, Community Partners Inc., 2000.
- Mary Grealish. <u>Wraparound Training Video #1</u>, "The Wraparound Process: *Values and Principles in Action.*
- Mary Grealish. <u>Wraparound Training Video #2</u>, "The Wraparound Process: *How It Works.*
- Mary Grealish. <u>The Wraparound Process, A Practical Guide for Participants</u>, Community Partners Inc., 1999
- Mary Grealish. Mary@wraparoundsolutions.com

Additional References: Articles on Various Aspects of the Wraparound Planning Process

- Epstein, Michael H., Nordness, Philip D., Kutash, Krista, Duchnowski, Al, Schrepf, Sheryl, Benner, Greg and Nelson, J. Ron. "Assessing the Wraparound Process During Family Planning Meetings", University of Nebraska, Mepstein1@unl.edu

- Epstein, Michael H., Nordness, Philip D. and Hertzog, Melody (2002). "Wraparound Observation Manual – Second Version." University of Nebraska, Mepstein1@unl.edu

- Epstein, Michael H. and Nordness, Philip D. "Reliability of the Wraparound Observation Form Second Version: An Instrument Designed to Assess the Fidelity of the Wraparound Approach." University of Nebraska, Mepstein1@unl.edu

- Quality and Fidelity in Wraparound", *Focal Point, A National Bulletin on Family Support and Children's Mental Health*, Fall, 2003

- Burchard, John, Bruns, Eric and Burchard, S.N. (2002). "The Wraparound Approach." In B. Burns and K. Hoagwood (Eds.), <u>Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders</u> (pp. 69 – 90). New York: Oxford University Press.

- Goldman, S.K. "The Conceptual Framework for Wraparound." In B.J. Burns and S.K. Goldman (Eds.) <u>Systems of Care: Promising Practices in Children's Mental Health</u>, 1998 series: Volume IV, pp. 27 – 34.

- Walker, J.S., Koroloff, N. and Schutte, K. (2003). "Implementing High Quality Collaborative Individualized Service/Support Planning: Necessary Conditions." Portland Oregon: Research and Training Center on Family Support and Children's Mental Health.

- Myers, Mary Jo and Miles, Patricia, "Staying the Course with Wraparound Practice: Tips for Managers and Implementers." *Focal Point*, Fall 2003.

- Franz, John and Miles, Patricia. "High-Centered on a Speed Bump – OR – I Got My Vision in a Sling 'Cause my Paradigm Just Won't Shift", *Family Matters*, Winter, 1999.

- Miles, Patricia. "Techniques for Identifying Need in Wraparound Planning", 2003. Portland State University, Portland, Oregon.

- Miles, Patricia. "Individualized and Tailored Care/Wraparound Parent Partner Training Manual", 2001. Portland State University, Portland, Oregon.

Fidelity Scale
Wraparound Planning for Children and Adolescents with Serious Emotional Disturbances and their Families

Element	Source	1	2	3	4	5	Notes
A. System Support for Wraparound Planning Effective implementation of wraparound planning for children and adolescents with serious emotional disturbances and their families requires system support to ensure case managers have required qualifications, training and supervision. All three areas are essential to achieve fidelity.							
1. Credentials All case managers who facilitate wraparound planning are Qualified Mental Health Professionals – Community Services (QMHP – CS)	Human Resources Records	No	N/A	N/A	N/A	Yes	
2. Training Case managers who facilitate wraparound planning and the supervisors of these case managers are trained in the department-approved model for wraparound planning prior to facilitation or supervision of wraparound planning.	Training Records	No	N/A	N/A	N/A	Yes	
3. Supervision All case managers who facilitate wraparound planning are supervised by a trained QMHP – CS who has facilitated wraparound planning for children, adolescents and their families using the department-approved model at least every other week.	Supervision Records	Case managers who facilitate WP receive supervision less than every three weeks from a trained QMHP – CS who has facilitated WP for children, adolescents & their families using the department–approved model.	Case managers who facilitate WP receive supervision at least every three weeks from a trained QMHP – CS who has facilitated WP for children, adolescents & their families using the department-approved model.	Case managers who facilitate WP receive supervision at least every other week from a trained QMHP – CS who has facilitated WP for children, adolescents & their families using the department-approved model.	Case managers who facilitate WP receive supervision every week from a trained QMHP – CS who has facilitated WP for children, adolescents & their families using the department-approved model.	Case managers who facilitate WP receive supervision every week from a trained LPHA who has facilitated WP for children, adolescents & their families using the department-approved model.	
B. The Essential Values of Wraparound Planning **The essential values of Wraparound Planning are the foundation for the process and must be present to ensure fidelity to the model. These essential values are as follows**: Individualized Service and Support Plan; Family Centered Process; Strength Based Plan; Culturally Sensitive and Responsive Process; Team Developed and Supported Plan; Outcome Focused Process; Needs Driven Process; Flexible and Creative Process; Provision of Unconditional Care; Typical Life Experiences; Community Based Plan.							
Individualized Service and Support Plan							
4. Wraparound Assessment The wraparound assessment in the child record documents the unique strengths, values, culture, preferences and unmet needs	Wraparound Assessment	Wraparound assessments document the unique strengths,	Wraparound assessments document the unique strengths,	Wraparound assessments document the unique strengths,	Wraparound assessments document the unique strengths,	Wraparound assessments document the unique strengths,	

Element	Source	1	2	3	4	5	Notes
identified by the child or adolescent and the family.		unmet needs, values, culture & preferences identified by the child, adolescent and family in less than 50% of cases.	unmet needs, values, culture & preferences identified by the child, adolescent and family in 50% - 74% of cases.	unmet needs, values, culture & preferences identified by the child, adolescent and family in 75% - 84% of cases.	unmet needs, values, culture & preferences identified by the child, adolescent and family in 85% - 94% of cases.	unmet needs, values, culture & preferences identified by the child, adolescent and family in 95% - 100% of cases.	
5. Individualized Service and Support Plan The individualized service and support plan for each child or adolescent is different from every other individualized service and support plan (No two individualized service and support plans are the same.).	Individualized Service and Support Plan	No	N/A	N/A	N/A	Yes	
Family Centered Process							
6. Family Inclusion The family is included in every Family Team meeting.	Progress notes, family or Family Team interviews or surveys	No	N/A	N/A	N/A	Yes	
7. Child and Family Access Any barriers (time of day, the day, location, transportation, childcare, meals, etc.) to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed.	Progress notes, family or Family Team interviews or surveys	Any barriers to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in less than 50% of cases.	Any barriers to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 50% - 74% of cases.	Any barriers to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 75% - 84% of cases.	Any barriers to the provision of formal services and supports and informal supports identified by the child or adolescent and the family are removed in 85% - 94% of cases.	Any barriers to the provision of formal services and supports and informal supports identified by the child, adolescent and the family are removed in 95% - 100% of cases.	
Strength Based Plan							
8. Identification of Strengths The wraparound assessment includes 8 strengths for each child or adolescent and 3 strengths for each family member involved in wraparound planning living in the household.	Wraparound Assessment	The wraparound assessment includes 8 strengths for each child and adolescent and 3 strengths for each family member involved in wraparound planning living	The wraparound assessment includes 8 strengths for each child and adolescent and 3 strengths for each family member involved in wraparound	The wraparound assessment includes 8 strengths for each child and adolescent and 3 strengths for each family member involved in wraparound	The wraparound assessment includes 8 strengths for each child and adolescent and 3 strengths for each family member involved in wraparound	The wraparound assessment includes 8 strengths for each child and adolescent and 3 strengths for each family member involved in wraparound planning living	

Element	Source	1	2	3	4	5	Notes
		in the household in less than 50% of cases.	planning living in the household in 50% - 74% of cases.	planning living in the household in 75% - 84% of cases.	planning living in the household in 85% - 94% of cases.	in the household in 95% - 100% of cases.	
9. Strength Based Strategies The individualized service and support plan contains only strength-based strategies for each child or adolescent.	Individualized Service and Support Plan	The individualized service and support plan contains only strength-based strategies for each child or adolescent in less than 50% of cases.	The individualized service and support plan contains only strength-based strategies for each child or adolescent in 50% - 74% of cases.	The individualized service and support plan contains only strength-based strategies for each child or adolescent in 75% - 84% of cases.	The individualized service and support plan contains only strength-based strategies for each child or adolescent in 85% - 94% of cases.	The individualized service and support plan contains only strength-based strategies for each child or adolescent in 95% - 100% of cases.	
Culturally Sensitive and Responsive Process							
10. Culturally Sensitive and Responsive Process The culture of each individual family, as documented in the wraparound assessment, is addressed in planning for and provision of services and supports.	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys	The culture of each individual family, as documented in the wraparound assessment, is addressed in the planning for and provision of services and supports in less than 50% of cases.	The culture of each individual family, as documented in the wraparound assessment, is addressed in the planning for & provision of services and supports in 50% - 74% of cases.	The culture of each individual family, as documented in the wraparound assessment, is addressed in the planning for & provision of services and supports in 75% - 84% of cases.	The culture of each individual family, as documented in the wraparound assessment, is addressed in the planning for & provision of services and supports in 85% - 94% of cases.	The culture of each individual family, as documented in the wraparound assessment, is addressed in the planning for & provision of services and supports in 95% - 100% of cases.	
Team Developed and Supported							
11. First Family Team Meeting The following outlined criteria are completed at the first Family Team meeting: 1. Identification of life domains in which unmet needs exist 2. Identification of measurable outcomes for each unmet need 3. Identification of strength-based strategies to meet each unmet need 4. Identification of discharge readiness criteria 5. Development of a crisis plan 6. Development of safety and transition plans, if needed 7. Evaluation of the meeting and 8. Planning for the next Family	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys	In less than 50% of cases, the outlined eight criteria are completed at the first Family Team meeting.	In 50% - 74% of cases, the outlined eight criteria are completed at the first Family Team meeting.	In 75% - 84% of cases, the outlined eight criteria are completed at the first Family Team meeting.	In 85% - 94% of cases, the outlined eight criteria are completed at the first Family Team meeting.	In 95% - 100% of cases, the outlined eight criteria are completed at the first Family Team meeting.	

Element	Source	1	2	3	4	5	Notes
Team meeting.							
12. Review of Individualized Service and Support Plan The Individualized Service and Support Plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development.	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys	The individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in less than 50% of cases.	The individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 50% - 74% of cases.	The individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 75% - 84% of cases.	The individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 85% - 94% of cases.	The individualized service and support plan is reviewed and adjusted if needed at every Family Team meeting after initial plan development in 95% - 100% of cases.	
13. Child-Serving Agencies and Community Organizations Child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team.	Progress notes, family or Family Team interviews or surveys	Child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in less than 50% of cases.	Child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 50% - 74% of cases.	Child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 75% - 84% of cases.	Child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 85% - 94% of cases.	Child-serving agencies and organizations currently involved with the child or adolescent and the family are decision-making members of the Family Team in 95% - 100% of cases.	
14. Informal Supports Informal supports, both individuals and organizations, selected by the child or adolescent and the family to assist in plan development and implementation are decision-making members of the Family Team.	Progress notes, family or Family Team interviews or surveys	Informal supports, both individuals and organizations selected by the child or adolescent and the family to assist in plan development & implementation are decision-making members of the Family Team in less than 50% of cases.	Informal supports, both individual and organizations selected by the child or adolescent and the family to assist in plan development & implementation are decision-making members of the Family Team in 50% - 74% of cases.	Informal supports, both individuals and organizations selected by the child or adolescent and the family to assist in plan development & implementation are decision-making members of the Family Team in 75% - 84% of cases.	Informal supports, both individuals & organizations selected by the child or adolescent and the family to assist in plan development & implementation are decision-making members of the Family Team in 85% - 94% of cases.	Informal supports, both individuals & organizations selected by the child or adolescent and the family to assist in plan development & implementation are decision-making members of the Family Team in 95% - 100% of cases.	
Outcome Focused Process							
15. Life Domains The individualized service and support plan addresses 3 Life	Individualized Service and Support Plan	The individualized service and	The individualized service and	The individualized service and	The individualized service and	The individualized service and	

Element	Source	1	2	3	4	5	Notes
Domains selected by the child or adolescent and the family and for each legal mandate in addition to the crisis and safety plans.		support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to crisis & safety plans in less than 50% of cases.	support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to crisis & safety plans in 50% - 74% of cases.	support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to crisis & safety plans in 75% - 84% of cases.	support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to crisis & safety plans in 85% - 94% of cases.	support plan addresses 3 Life Domains selected by the child or adolescent and the family and for each legal mandate in addition to crisis & safety plans in 95% - 100% of cases.	
16. Measurable Outcomes The individualized service and support plan includes measurable outcomes selected by the child or adolescent and the family for each Life Domain and for each legal mandate.	Individualized Service and Support Plan	The individualized service and support plan includes measurable outcomes selected by the child or adolescent and family for each Life Domain and for each legal mandate in less than 50% of cases.	The individualized service and support plan includes measurable outcomes selected by the child or adolescent and family for each Life Domain and for each legal mandate in 50% - 74% of cases.	The individualized service and support plan includes measurable outcomes selected by the child or adolescent and family for each Life Domain and for each legal mandate in 75% - 84% of cases.	The individualized service and support plan includes measurable outcomes selected by the child or adolescent and family for each Life Domain and for each legal mandate in 85% - 94% of cases.	The individualized service and support plan includes measurable outcomes selected by the child or adolescent and family for each Life Domain and for each legal mandate in 95% - 100% of cases.	
17. Discharge Readiness Criteria Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment.	Individualized Service and Support Plan	Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in less than 50% of cases.	Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 50% - 74% of cases.	Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 75% - 84% of cases.	Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 85% - 94% of cases.	Discharge readiness criteria are clearly outlined in the individualized service and support plan from the beginning of treatment in 95% - 100% of cases.	
Needs Driven Process							
18. Needs Driven Process 5 unmet needs of the child or adolescent and 2 unmet needs of the family members involved in wraparound planning are identified.	Wraparound Assessment, Individualized Service and Support Plan, progress notes,	5 unmet needs of the child or adolescent and 2 unmet needs of the family members	5 unmet needs of the child or adolescent and 2 unmet needs of the family members	5 unmet needs of the child or adolescent and 2 unmet needs of the family members	5 unmet needs of the child or adolescent and 2 unmet needs of the family members	5 unmet needs of the child or adolescent and 2 unmet needs of the family members	

Element	Source	1	2	3	4	5	Notes
	family or Family Team interviews or surveys	involved in wraparound planning are identified in less than 50% of cases.	involved in wraparound planning are identified in 50% - 74% of cases.	involved in wraparound planning are identified in 75% - 84% of cases.	involved in wraparound planning are identified in 85% - 94% of cases.	involved in wraparound planning are identified in 95% - 100% of cases.	
Flexible and Creative Process							
19. Flexible and Creative Process A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services.	Individualized Service and Support Plan	A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in less than 50% of cases.	A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 50% - 74% of cases.	A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 75% - 84% of cases.	A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 85% - 94% of cases.	A month before discharge, the individualized service and support plan includes informal supports at a 3 to 1 ratio to professional services in 95% - 100% of cases.	
20. Availability of Flexible Resources Family Teams use flexible funds to augment the individualized service and support plans.	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys.	No	N/A	N/A	N/A	Yes	
Provision of Unconditional Care							
21. Provision of Unconditional Care No child, adolescent or family is discharged or terminated from wraparound planning because of the severity or complexity of the child's, adolescent's or family's problems.	Individualized Service and Support Plan, progress notes, Discharge summary, Family or Family Team interviews or surveys	No	N/A	N/A	N/A	Yes	
Typical Life Experiences							
22. Typical Life Experiences The child or adolescent and the family are involved in typical life experiences (bike riding, going to the park, going to the mall, getting an allowance, dating, seeing a movie, flying a kite, reading a book, going out with friends and spending time with family members, etc.).	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys	The child or adolescent and the family are involved in typical life experiences in less than 50% of cases.	The child or adolescent and the family are involved in typical life experiences in 50% - 74% of cases.	The child or adolescent and the family are involved in typical life experiences in 75% - 84% of cases.	The child or adolescent and the family are involved in typical life experiences in 85% - 94% of cases.	The child or adolescent and the family are involved in typical life experiences in 95% - 100% of cases.	

Element	Source	1	2	3	4	5	Notes
Community-Based Plan							
23. Community-Based Services and Supports Formal services and supports and informal supports are provided in the community.	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys	Formal services and supports and informal supports are provided in the community in less than 50% of cases.	Formal services and supports and informal supports are provided in the community in 50% - 74% of cases.	Formal services and supports and informal supports are provided in the community in 75% - 84% of cases.	Formal services and supports and informal supports are provided in the community in 85% - 94% of cases.	Formal services and supports and informal supports are provided in the community in 95% - 100% of cases.	
24. Community-Based Crisis Plan The crisis plan is based in the community where the child or adolescent and the family live.	Individualized Service and Support Plan, progress notes, family or Family Team interviews or surveys	No	N/A	N/A	N/A	Yes	